

Comprehensive Financial Assurance Report

Report run on: March 1, 2023 8:04:33 AM EST

Version 6.0

*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

User Selection Criteria	
Handler ID: FLD980711071	
Display All or Current: All	

Report Results	
Number of Sites: 1	Number of Pages: 6

Report Description	
<p>This report will provide a comprehensive view of all financial assurance information by Cost Estimate. Note: Mechanism and Mechanism Details that are not linked to a Cost Estimate will NOT be displayed on this report. Note: Cost Estimates and Mechanism Details that are the current data are denoted by a double asterisk (**). For the Cost Estimate, the double asterisks are next to the "Cost Estimate" label; for the Mechanism Detail, the double asterisks are next to the Mechanism Detail Sequence Number.</p>	

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List of Handler Universe Abbreviations	
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Very Small Quantity Generator (VSQG), or Not a Generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
IC / EC in Place	Indicates that the facility has Institutional Controls / Engineering Controls in place. ('Y' indicates that the facility is in the respective universe).
EL Indicator (HE/GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Permit Progress	Indicates that the facility is part of the Permitting/Closure/Post-Closure Progress universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
Permit Workload	Indicates that the facility is part of the Permit Workload universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
Closure Workload	Indicates that the facility is part of the Closure Workload universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
Post-Closure Workload	Indicates that the facility is part of the Post-Closure Workload universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
Renewals Workload	Indicates that the facility is part of the Permit Renewals Workload universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment, H - SWM)
GPRA Permits	Indicates that the facility is part of the GPRA Permit universe. ('+' indicates that the facility is on the GPRA Permit Baseline and meeting the goal; '-' indicates that the facility is on the GPRA Permit Baseline and not meeting the goal; 'N' indicates that the facility is not on the GPRA Permit Baseline)
GPRA Renewals	Indicates that the facility is part of the GPRA Renewals universe. ('+' indicates that the facility is on the GPRA Renewals Baseline and meeting the goal; '-' indicates that the facility is on the GPRA Renewals Baseline and not meeting the goal; 'N' indicates that the facility is not on the GPRA Renewals Baseline)
Subject to CA	Indicates that the facility is part of the Subject to Corrective Action universe. ('Y' indicates that the facility is in this universe)
Subj CA TSD 3004	Indicates that the facility is a Treatment, Storage or Disposal facility Potentially Subject to Corrective Action Under 3004(u)/(v). ('Y' indicates that the facility is in this universe)
Subj CA TSD Discr	Indicates that the facility is a Treatment, Storage or Disposal facility Subject to Corrective Action Under Discretionary Authorities. ('Y' indicates that the facility is in this universe)
Subj CA Non-TSD	Indicates that the facility is a Non-Treatment, Storage or Disposal facility where Corrective Action has been imposed. ('Y' - the facility is in this universe)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' - the facility is in this universe)
GPRA CA 2020	Indicates that the facility is part of the GPRA Corrective Action universe ('Y' - the facility is in this universe)

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FLORIDA

REGION 04

PERMA-FIX OF FLORIDA INC

County Name/Code:ALACHUA / FL001

FLD980711071

Location 1940 NW 67TH PL, GAINESVILLE, FL 32653-1649

Latitude: 29.719234 Longitude -82.351116

Mailing: 1940 NW 67TH PL, GAINESVILLE, FL 32653-1649

Activity Location: FL		State District: NE		Non-Notifier:		Extract Flag: Y		Active Site: Y	
Generator:	LQG	Transporter:	Y	Operating TSDF:	---S--	IC/EC In Place:	N / N	EI Indicator (HE / GW):	+ / +
Permit Progress:	---S--	Post-Closure	-----	Subject to CA:	Y	Subj CA Non-TSD:	N	GPRA CA 2020:	Y
Permit Workload:	---S--	Renewals Workload:	-----	Subj CA TSD 3004:	Y	CA Workload:	N	GPRA Permit:	N
Closure Workload:	-----			Subj CA TSD Discr:	N			GPRA Renewals:	+

Cost Estimate**	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	12	S - STATE	09/01/2022	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	09/01/2023

Mech. Seq: 8

Agency: S - STATE

Type: I-INSURANCE

Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW AVENUE, STAMFORD, CONNECTICUT 06902

Contact: MR. ANTHONY GENTILE

Phone: 203-964-5200

Email: ANTHONY.GENTIL@AXAXL.COM

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	PEC004445408	S - STATE	09/01/2022		\$2,000,000.00	\$2,000,000.00

Cost Estimate**	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	11	S - STATE	02/28/2022	\$4,016,459.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	02/28/2023

Mech. Seq: 7

Agency: S - STATE

Type: I-INSURANCE

Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET, NEW YORK, NEW YORK 10038

Contact: MR. RICHARD DAVIES

Phone: 770-671-2169

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2022		\$4,016,459.00	\$4,016,459.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	10	S - STATE	09/01/2021	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	

Mech. Seq: 6

Agency: S - STATE

Type: I-INSURANCE

Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW AVENUE, STAMFORD, CONNECTICUT 06902

Contact: MS. MARY ANN SUSAVIDGE

Phone: 203-964-5200

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	PEC004445407	S - STATE	09/01/2021		\$2,000,000.00	\$2,000,000.00

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FLORIDA REGION 04

PERMA-FIX OF FLORIDA INC - continued FLD980711071

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	9	S - STATE	02/28/2021	\$3,968,833.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	

Mech. Seq: 5 **Agency: S - STATE** **Type: I-INSURANCE**
Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET, **Contact:** MR. RICHARD DAVIES **Phone:** 770-671-2169
NEW YORK, NEW YORK 10038

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2021		\$3,968,833.00	\$3,968,833.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	8	S - STATE	09/01/2020	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	

Mech. Seq: 4 **Agency: S - STATE** **Type: I-INSURANCE**
Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW AVENUE, STAMFORD, CONNECTICUT 06902 **Contact:** MS. MARY ANN SUSAVIDGE **Phone:** 203-964-5200

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	PEC004445406	S - STATE	09/01/2020		\$2,000,000.00	\$2,000,000.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	7	S - STATE	02/28/2020	\$3,902,491.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	

Mech. Seq: 3 **Agency: S - STATE** **Type: I-INSURANCE**
Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET, **Contact:** MR. RICHARD DAVIES **Phone:** 770-671-2169
NEW YORK, NEW YORK 10038

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2020		\$3,902,491.00	\$3,902,491.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	6	S - STATE	09/01/2019	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	

Mech. Seq: 2 **Agency: S - STATE** **Type: I-INSURANCE**
Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW AVENUE, STAMFORD, CONNECTICUT 06902 **Contact:** MS. MARY ANN SUSAVIDGE **Phone:** 800-327-1414

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
2**	PEC004445405	S - STATE	09/01/2019		\$2,000,000.00	\$2,000,000.00

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FLORIDA

REGION 04

PERMA-FIX OF FLORIDA INC - continued

FLD980711071

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	5	S - STATE	02/28/2019	\$3,818,484.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	

Mech. Seq: 1

Agency: S - STATE

Type: I-INSURANCE

Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET,
NEW YORK, NEW YORK 10038

Contact: MR. RICHARD DAVIES

Phone: 770-671-2169

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2019		\$3,818,484.00	\$3,818,484.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	4	S - STATE	09/01/2018	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	

Notes: LIABILITY INSURANCE

Mech. Seq: 2

Agency: S - STATE

Type: I-INSURANCE

Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW
AVENUE, STAMFORD, CONNECTICUT 06902

Contact: MS. MARY ANN SUSAVIDGE

Phone: 800-327-1414

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
2**	PEC004445405	S - STATE	09/01/2019		\$2,000,000.00	\$2,000,000.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	3	S - STATE	02/28/2018	\$3,750,967.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	02/28/2019

Mech. Seq: 1

Agency: S - STATE

Type: I-INSURANCE

Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET,
NEW YORK, NEW YORK 10038

Contact: MR. RICHARD DAVIES

Phone: 770-671-2169

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2019		\$3,818,484.00	\$3,818,484.00

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	2	S - STATE	09/01/2016	\$2,000,000.00	FL - ERE	S - SUDDEN THIRD-PARTY	L - LIABILITY COVERAGE REQUIRED	

Mech. Seq: 2

Agency: S - STATE

Type: I-INSURANCE

Provider: INDIAN HARBOR INSURANCE COMPANY, 70 SEAVIEW
AVENUE, STAMFORD, CONNECTICUT 06902

Contact: MS. MARY ANN SUSAVIDGE

Phone: 800-327-1414

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
2**	PEC004445405	S - STATE	09/01/2019		\$2,000,000.00	\$2,000,000.00

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FLORIDA

REGION 04

PERMA-FIX OF FLORIDA INC - continued

FLD980711071

Cost Estimate	Seq	Agency	Date	Amount	Resp Person	Financial Assurance Type	Reason	Update Due
	1	S - STATE	09/01/2008	\$3,702,830.00	FL - ERE	C - Closure	A - INFLATION ADJUSTED	

Mech. Seq: 1Agency: S - STATEType: I-INSURANCE

Provider: AIG SPECIALTY INSURANCE COMPANY, 175 WATER STREET,NEW YORK, NEW YORK 10038Contact: MR. RICHARD DAVIESPhone: 770-671-2169

Detail Seq	ID	Agency	Effective Date	Expiration Date	Facility Face Value	Total Face Value
1**	1959168	S - STATE	02/28/2019		\$3,818,484.00	\$3,818,484.00

*** End of Report ***